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Bib Data Sheet

CONFIRMATION NO. 6181

|   |   |                                       |  |  |
|---|---|---------------------------------------|--|--|
| <b>SERIAL NUMBER</b><br>09/463,320  | <b>FILING OR 371(c)<br/>DATE</b><br>01/22/2000<br><b>RULE</b>   | <b>CLASS</b><br>424                   | <b>GROUP ART UNIT</b><br>1644  | <b>ATTORNEY<br/>DOCKET NO.</b><br>1194/7 |
| <b>APPLICANTS</b><br>TONY PELED, MEVASERET ZION, ISRAEL;<br>EITAN FIBACH, MEVASERET ZION, ISRAEL;<br>AVI TREVES, MEVASERET ZION, ISRAEL;  |   |                                       |  |  |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/IL99/00444 08/17/1999<br>which is a CIP of 09/161,659 09/29/1998 ABN<br>which is a CIP of 09/130,367 08/07/1998 ABN<br>which is a CIP of 09/024,195 02/17/1998 ABN<br>and said PCT/IL99/00444 08/17/1999<br>is a CIP of PCT/US99/02664 02/08/1999 |   |                                       |  |  |
| <b>** FOREIGN APPLICATIONS *****</b><br>ISRAEL IL99/00444 08/17/1999<br>ISRAEL US99/02664 02/08/1999  |   |                                       |  |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 05/11/2000</b>  |   |                                       |  |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and<br>Acknowledged   |   | <b>STATE OR<br/>COUNTRY</b><br>ISRAEL | <b>SHEETS<br/>DRAWING</b><br>22  | <b>TOTAL<br/>CLAIMS</b><br>36            |
| Examiner's Signature _____ Initials _____   |   | <b>INDEPENDENT<br/>CLAIMS</b><br>3    |  |  |
| <b>ADDRESS</b><br>30623   |   |                                       |  |  |
| <b>TITLE</b><br>METHODS OF CONTROLLING PROLIFERATION AND DIFFERENTIATION OF STEM AND PROGENITOR<br>CELLS  |   |                                       |  |  |
| <b>FILING FEE<br/>RECEIVED</b><br>564   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                       | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |